

CS-1  
Revised 5-99, 10-04, 10-05

Fill in with typewriter or  
ink. Be sure to complete  
all items accurately.

**PERSONAL HISTORY RECORD**  
**DEPARTMENT OF CITY CIVIL SERVICE**  
1300 Perdido St., New Orleans, La. 70112  
**APPLICATION OFFICE – 7W03\*MAIN OFFICE-7W03**

**SOCIAL SECURITY NUMBER**

**INSTRUCTIONS:** When completed this form should be filed with the Department of City Civil Service together with your Application for Examination (CS-13). It will NOT be necessary for you to submit another Personal History Record, regardless of the number of examinations you may take from time to time. When making application for future examinations, however, it will be necessary to file a Supplementary Data form (CS-2) with any information not previously included.

**PLEASE PRINT**

<b>1. NAME</b> (Last) (First) (middle/maiden)			<b>3. PHONE</b>
<b>2. ADDRESS</b> (Number & Street) (Apartment)			<b>4. DATE OF BIRTH</b>
(City) (State) (Zip)			(month) (day) (year)

**FOR STATISTICAL PURPOSES ONLY**

<b>5. SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>6. RACE</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other
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<b>7. Are you a U.S. citizen?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>8. Are you a qualified voter of the City of New Orleans?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "no", do you possess a current work visa? Yes ☐ No ☐

**9. Have you ever been convicted of any offenses other than minor traffic violations?** Yes ☐ No ☐

If "yes" offense(s) \_\_\_\_\_ conviction date(s) \_\_\_\_\_

**10. EDUCATION AND TRAINING**

Circle last grade completed <b>1 2 3 4 5 6 7 8 9 10 11 12</b>	Name & Address of School	Last year attended	High School diploma or G.E.D. received? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name of College or University	Location	Major: Minor: Degree:	Highest year completed	Year attended From To
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Graduate School	Location	Program of Study: Degree:	Semester Hours Credit	Year attended From To
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Business, Trade, Other School	Program of Study	Length of Program	% Completed	Year Completed

**11. List any special job-related skills that you have acquired which are not covered above:**

**12. List any special licenses which you hold:**

**13. Do you possess a valid Louisiana driver's license?** Yes ☐ No ☐ If "yes": what class? \_\_\_\_\_

**14. AFTER HAVING READ and COMPLETED VETERAN PREFERENCE CLAIM form, do you claim Veteran's Preference?**

(Veteran Preference Claim form available from Room BW04) Yes ☐ No ☐

If "yes", which of the following is basis of eligibility?

- |   |  |
|---|--|
| <input type="checkbox"/> Honorably discharged veteran | <input type="checkbox"/> Unremarried widow or widower of veteran       |
| <input type="checkbox"/> Disabled veteran             | <input type="checkbox"/> Unremarried widow, divorced, or separated     |
| <input type="checkbox"/> Spouse of disabled veteran   | parent of person who died or became totally disabled in active service |

**15. List any special accommodations you may need for testing (e.g sign language, interpreting, etc.)**

**THIS FORM WILL NOT BE COMPLETE UNLESS SIGNED AND DATED ON THE REVERSE SIDE**

**EMPLOYMENT RECORD.** Beginning with your most recent employment, list below your work experience. Attach additional sheets if necessary. Be specific and complete. IF JOB CONSISTED OF MORE THAN ONE MAJOR RESPONSIBILITY, PLEASE INDICATE WHAT PERCENTAGE (%) OF TIME WAS SPENT ON EACH RESPONSIBILITY. IF JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED.

<b>CURRENT OR MOST RECENT EMPLOYMENT</b>	
Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time, number of hours
Name of immediate supervisor_____	per week_____
May we contact the company?_____	Are you still employed?_____

<b>CURRENT OR MOST RECENT EMPLOYMENT</b>	
Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time, number of hours
Name of immediate supervisor_____	per week_____
May we contact the company?_____	Are you still employed?_____

<b>CURRENT OR MOST RECENT EMPLOYMENT</b>	
Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time, number of hours
Name of immediate supervisor_____	per week_____
May we contact the company?_____	Are you still employed?_____

17. I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list and I may be disqualified from applying in the future for positions in the Civil Service of the City of New Orleans.

**IMPORTANT:** Check to see that you have completed each item accurately. Your examination grade may depend upon the information you have given.

Signature\_\_\_\_\_

Date\_\_\_\_\_

# APPLICATION FOR EXAMINATION

**DEPARTMENT OF CITY CIVIL SERVICE**  
CITY HALL 1300 PERDIDO STREET-NEW ORLEANS 70112  
APPLICATION OFFICE 7W03 – MAIN OFFICE – ROOM 7W03  
**PLEASE PRINT**

I am applying for the position of (list below):

Name: Last First Middle/Maiden Social Security Number

Address: Number & Street Apartment Home Phone/Business Phone

City State Zip Code Birthdate

Your Signature

Today's Date

**e-mail address:** Yes No  
Are you currently employed by the City of New Orleans? ☐ ☐

If yes, what is your official class (job) title (list below):

Have you ever applied under another name (maiden, etc.)? ☐ ☐

If yes, please write name here

DO NOT WRITE BELOW THIS LINE

Applicants should attach a Personal History, Record (CS-1), or, if they have filed an application previously, and have gained additional experience and/or education, they should attach a Supplementary Personal History (CS-2) and any other documents required for this exam.

Application: Accepted ☐  
Rejected ☐ Reason: \_\_\_\_\_

## VETERAN'S PREFERENCE

Certain veterans and wives, widows, and mothers of veterans are entitled to preference on examinations. See the reverse side of the Examination Announcement and the Veteran Preference Claim form for details.

Voter's Reg. \_\_\_\_\_  
Vet. Status: 5pt. ☐ 10pt. ☐ ineligible ☐  
Type of Reg. \_\_\_\_\_

	RAW SCORE	% EQUIV.	WEIGHT	WTD. SCORE
Written Test				
Oral Test				
Rating of Train/Exp.				
Performance Test				
Agility Test				
Vets Credit				
TOTAL				
RANK				

"The City of New Orleans is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, gender, age, physical or mental disability, sexual orientation, creed, culture, or ancestry. Requests for alternate format or accommodations should be directed to Doddie Smith, (504) 658-3516 or TTY/Voice (504) 586-4475."

**CIVIL SERVICE USE ONLY**

Critical Score =